


5-4-06

 United States Environmental Protection Agency Washington, D.C. 20460			
<b>Water Compliance Inspection Report</b>			
Section A: National Data System Coding (i.e., PCS)			
Transaction Code	NPDES	yr/mo/day	Inspection Type
1 <u>N</u> 2 <u>5</u> 3 <u>MAR110K150</u> 11	12 <u>060601</u> 17	18 <u>3</u>	Inspector 19 <u>R</u> Fac Type 20 <u>1</u>
Remarks			
21 _____ 66			
Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA
67 <u>69</u>	70 <u>70</u>	71 <u>71</u>	72 <u>72</u>
Reserved		73 <u>73</u> 74	75 <u>75</u> 76 77 78 79 80
Section B: Facility Data			
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <u>Brockton Wastewater Treatment Facility</u> <u>303 Oak Hill Way</u> <u>Brockton, MA 02301</u> <u>Phase II</u>		Entry Time/Date	Permit Effective Date
		Exit Time/Date	Permit Expiration Date
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <u>Robert Blume, Supt.</u> <u>Walsh Construction Co.</u> <u>2 Commercial St.</u> <u>Sharon, MA 02067</u>		Other Facility Data (e.g., SIC NAICS, and other descriptive information) <u>Phase II</u> <u>Construction</u>	
Name, Address of Responsible Official/Title/Phone and Fax Number <u>Robert Blume</u> <u>Tel: (781) 793-9988</u>		Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Section C: Areas Evaluated During Inspection (Check only those areas evaluated)			
<input type="checkbox"/> Permit <input type="checkbox"/> Records/Reports <input type="checkbox"/> Facility Site Review <input type="checkbox"/> Effluent/Receiving Waters <input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Self-Monitoring Program <input type="checkbox"/> Compliance Schedules <input type="checkbox"/> Laboratory <input type="checkbox"/> Operations & Maintenance <input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Pollution Prevention <input checked="" type="checkbox"/> Storm Water <input type="checkbox"/> Combined Sewer Overflow <input type="checkbox"/> Sanitary Sewer Overflow	<input type="checkbox"/> MS4
Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)			
SEV Codes	SEV Description		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____		
Name(s) and Signature(s) of Inspector(s)		Agency/Office/Phone and Fax Numbers	Date
<u>Steven Couto</u>		<u>EPA/SEW 617 918 1765</u>	<u>6/5/06</u>
Signature of Management Q A Reviewer		Agency/Office/Phone and Fax Numbers	Date



# INSTRUCTIONS

## Section A: National Data System Coding (i.e., PCS)

**Column 1: Transaction Code:** Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

**Columns 3-11: NPDES Permit No.** Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

**Columns 12-17: Inspection Date.** Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

**Column 18: Inspection Type\*.** Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	I Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

**Column 19: Inspector Code.** Use one of the codes listed below to describe the lead agency in the inspection.

A — State (Contractor)	O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B — EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L — Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

**Column 20: Facility Type.** Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
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**Columns 21-66: Remarks.** These columns are reserved for remarks at the discretion of the Region.

**Columns 67-69: Inspection Work Days.** Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

**Column 70: Facility Evaluation Rating.** Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

**Column 71: Biomonitoring Information.** Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

**Column 72: Quality Assurance Data Inspection.** Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

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This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

## Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

## Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

\*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.





# U.S. Environmental Protection Agency National Pollutant Discharge Elimination System (NPDES)

Recent Additions | Contact Us | Print Version | Search NPDES:  **GO**

[EPA Home](#) > [OW Home](#) > [OWM Home](#) > [NPDES Home](#) > [Storm Water](#) > [NOI Application Detail](#)

[NPDES Topics](#)[Alphabetical Index](#)[Glossary](#)[About NPDES](#)[Construction Activities](#)[-2003 Construction](#)[General Permit](#)[-Oil and Gas](#)[Industrial Activity](#)[-Multi-Sector General](#)[Permit](#)[Municipal MS4s](#)[-Large & Medium](#)[-Small](#)[Stormwater Outreach](#)[Materials](#)[Phase I & Phase II](#)[-Menu of BMPs](#)[-Urbanized Area Maps](#)[Stormwater Home](#)

## NOI Application Detail

### Notice of Intent (NOI) for Stormwater Discharges Associated with Construction Activity Under a NPDES Permit

NOI Submitted Date: March 08, 2006	Status: Active
	Date Discharge Active: March 15, 2006
<b>I. Permit Number</b>	
General Permit Number: MAR100000	
Tracking Number for this Project: MAR10C150	
<b>II. Operator Information</b>	
Name: WALSH CONSTRUCTION COMPANY	
Street: 2 COMMERCIAL STREET SUITE 201	
City: SHARON	State: MA Zip Code: 02067
Phone: 781-793-9988	
<b>III. Project/Site Information</b>	
Project/Site Name: WASTE WATER TREATMENT FACILITY	
Project Street/Location: 303 OAK HILL WAY	
City: BROCKTON	State: MA Zip Code: 02301
County or similar government subdivision: Plymouth	
Latitude: 42.0472222	Longitude: 71.0069444
Project Located in Indian country? No	Territory:
Estimated Start Date: March 01, 2006	Estimated Completion Date: March 19, 2008
Estimated Area to be Disturbed (to the nearest quarter acre): 3.5	
<b>IV. SWPPP Information</b>	
SWPPP Contact Name:	
Location of SWPPP for viewing: Address in Section II	
Email:	
<b>V. Discharge Information</b>	
Receiving Water: STORM WATER DENTION BASIN	
Consistent with TMDL: Yes	
<b>IV. Endangered Species Information</b>	
I have satisfied permit eligibility with regard to protection of endangered species through the indicated section of Part I.B.3.e(2) of the permit under criterion A.	
<b>VII. NOI Certification Information</b>	



Certified By: PAUL PRADERIO

Signed?: Date: March 01, 2006  
Yes

Postmark Date: March 01, 2006

[Back to Search Menu](#)





# U.S. Environmental Protection Agency

## National Pollutant Discharge Elimination System (NPDES)

[Recent Additions](#) | [Contact Us](#) | [Print Version](#) Search NPDES:  **GO**

[EPA Home](#) > [OW Home](#) > [OWM Home](#) > [NPDES Home](#) > [Stormwater](#) > [NOI Application Detail](#)

Construction Activities  
-2003 Construction  
General Permit  
-Oil and Gas

Industrial Activity  
-Multi-Sector General  
Permit

Municipal MS4s  
-Large & Medium  
-Small

Stormwater Outreach  
Materials

Phase I & Phase II  
-Menu of BMPs  
-Urbanized Area Maps

Stormwater Home

[NPDES Topics](#)[Alphabetical Index](#)[Glossary](#)[About NPDES](#)

## NOI Application Detail

### Notice of Intent (NOI) for Stormwater Discharges Associated with Construction Activity Under a NPDES Permit

NOI Submitted Date: August 30, 2006	Status: Waiting
<b>I. Permit Number</b>	
General Permit Number: MAR100000	
<b>II. Operator Information</b>	
Name: CITY OF BROCKTON	
Street: 303 OAK HILL WAY	
City: BROCKTON	State: MA Zip Code: 02301
Phone: 508-580-6878	
<b>III. Project/Site Information</b>	
Project/Site Name: PHASE II WWTF UPGRADE PROJECT	
Project Street/Location: 303 OAK HILL WAY	
City: BROCKTON	State: MA Zip Code: 02301
County or similar government subdivision: Plymouth	
Latitude: 42.0472222	Longitude: 71.0069444
Project Located in Indian country? No	Territory:
Estimated Start Date: September 08, 2006	Estimated Completion Date: February 28, 2008
Estimated Area to be Disturbed (to the nearest quarter acre): 3.25	
<b>IV. SWPPP Information</b>	
SWPPP Contact Name: WALSH CONSTRUCTION COMPANY	
Location of SWPPP for viewing: Address in Section III	
Email:	
<b>V. Discharge Information</b>	
Receiving Water: SALISBURY PLAIN RIVER	
Consistent with TMDL: Yes	
<b>IV. Endangered Species Information</b>	
I have satisfied permit eligibility with regard to protection of endangered species through the indicated section of Part I.B.3.e(2) of the permit under criterion A.	
<b>VII. NOI Certification Information</b>	
Certified By: DAVID NORTON	Signed?: Date: August 17, 2006 Yes
Postmark Date: August 21, 2006	





# U.S. Environmental Protection Agency National Pollutant Discharge Elimination System (NPDES)

Recent Additions | Contact Us | Print Version | Search NPDES:  **GO**

[EPA Home](#) > [OW Home](#) > [OWM Home](#) > [NPDES Home](#) > [Stormwater](#) > [NOI Application Detail](#)

[NPDES Topics](#)[Alphabetical Index](#)[Glossary](#)[About NPDES](#)

Construction Activities  
-2003 Construction  
General Permit  
-Oil and Gas

Industrial Activity  
-Multi-Sector General  
Permit

Municipal MS4s  
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Stormwater Outreach  
Materials

Phase I & Phase II  
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[Stormwater Home](#)

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Phone: 508-580-6878			
<b>III. Project/Site Information</b>			
Project/Site Name: PHASE II WWTF UPGRADE PROJECT			
Project Street/Location: 303 OAK HILL WAY			
City: BROCKTON		State: MA	Zip Code: 02301
County or similar government subdivision: Plymouth			
Latitude: 42.0472222		Longitude: 71.0069444	
Project Located in Indian country? No		Territory:	
Estimated Start Date: September 08, 2006		Estimated Completion Date: February 28, 2008	
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Consistent with TMDL: Yes			
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<b>VII. NOI Certification Information</b>			
Certified By: DAVID NORTON		Signed?: Date: August 17, 2006	
Postmark Date: August 21, 2006		Yes	



54-06


 United States Environmental Protection Agency  
 Washington, D.C. 20460

# Water Compliance Inspection Report

## Section A: National Data System Coding (i.e., PCS)

Transaction Code 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>	NPDES 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>	yr/mo/day 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>	Inspection Type 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>	Inspector 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>	Fac Type 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>
Remarks 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>					

## Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Brockton Waste Water Treatment Plant 303 Oak Hill Way Brockton, MA 02301	Entry Time/Date	Permit Effective Date 11/12/04
	Exit Time/Date	Permit Expiration Date
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Ray Lagasse, Supt. Hart Engineering Corp. Cumberland, RI 02864	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Phase I Construction	
Name, Address of Responsible Official/Title/Phone and Fax Number Ray Lagasse (401) 658-4600	<input checked="" type="checkbox"/> Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
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(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Recent Additions | Contact Us | Print Version Search NPDES:  **GO**

[EPA Home](#) > [OW Home](#) > [OWM Home](#) > [NPDES Home](#) > [Storm Water](#) > [NOI Application Detail](#)

Construction Activities  
-2003 Construction  
General Permit  
-Oil and Gas

Industrial Activity  
-Multi-Sector General  
Permit

Municipal MS4s  
-Large & Medium  
-Small

Stormwater Outreach  
Materials

Phase I & Phase II  
-Menu of BMPs  
-Urbanized Area Maps

Stormwater Home

**NPDES Topics**

**Alphabetical Index**

**Glossary**

**About NPDES**

## NOI Application Detail

### Notice of Intent (NOI) for Stormwater Discharges Associated with Construction Activity Under a NPDES Permit

NOI Submitted Date: November 05, 2004	Status: Active Date Discharge Active: November 12, 2004
<b>I. Permit Number</b>	
General Permit Number: MAR100000 Tracking Number for this Project: MAR10BN45	
<b>II. Operator Information</b>	
Name: HART ENGINEERING CORPORATION Street: 800 SCENIC VIEW DRIVE City: CUMBERLAND State: RI Zip Code: 02864 Phone: 401-658-4600	
<b>III. Project/Site Information</b>	
Project/Site Name: BROCKTON, MA WWTF UPGRADE PH I Project Street/Location: 303 OAK HILL WAY City: BROCKTON State: MA Zip Code: 02301 County or similar government subdivision: Plymouth Latitude: 42.0469 Longitude: 071.0072 Project Located in Indian country? No Territory: Estimated Start Date: November 15, 2004 Estimated Completion Date: November 15, 2006 Estimated Area to be Disturbed (to the nearest quarter acre): 1	
<b>IV. SWPPP Information</b>	
SWPPP Contact Name: ROBERT E. MULLIGAN Location of SWPPP for viewing: Address in Section II Email:	
<b>V. Discharge Information</b>	
Receiving Water: STORMWATER DETENTION BASIN TO SALISBURY PLAIN RIVE Consistent with TMDL: Yes	
<b>IV. Endangered Species Information</b>	
I have satisfied permit eligibility with regard to protection of endangered species through the indicated section of Part I.B.3.e(2) of the permit under criterion A.	
<b>VII. NOI Certification Information</b>	



Certified By: ROBERT E. MULLIGAN

Signed?: Date: November 05,  
Yes 2004

Postmark Date: November 05, 2004

[Back to Search Menu](#)